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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIMI	BURSEMEN	T FOR S	CHOOL BUS TRA	ANSPORTATION:	1	
This clain	n is for the	period beginning	,		,	20 and	l ending		20	
				month	day			month da	ay	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	ıre, Chair, Board	d of Trustees					
County:			District	::				District Le	evel:	
27 Linco	Lincoln 0519 Troy Elem						Elemei	ntary		
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
60	1	1		89.7	1.57	75	None			
60	1	2		128.6	1.57	71	08/24/05			
60	1	3		51	1.57	71	08/24/05			
60	1	4		30.4	1.57	71	08/24/05			
60	1	5		52	1.57	72	08/24/05			
60	1	6		41.2	1.57	71	08/24/05			
60	1	7		16.3	1.57	71	08/24/05			

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School District Claim for State Reimbursement for School Bus Transportation

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Second Semeste o County Superin o State Superinte	tendent
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SO	CHOOL BUS TRA	NSPORTATION:	1
This clain	n is for the	period beginning	;		,	20 and	ending	,	20
				month	day		n	nonth da	ay
CERTIF	[CATIO]	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District Le	evel:
27 Linco	oln		0520	Troy H S	5			High S	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
40	1	1		89.7	1.57	75	None		
40	1	2		128.6	1.57	71	08/24/05		
40	1	3		51	1.57	71	08/24/05		
40	1	4		30.4	1.57	71	08/24/05		
40	1	5		52	1.57	72	08/24/05		
40	1	6		41.2	1.57	71	08/24/05		
40	1	7		16.3	1.57	71	08/24/05		

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester

Second Semester May 10 to County Superintendent May 24 to State Superintendent

February 1 to County Superintendent S: February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 27 Lincoln 0522 Libby K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 100 4 1 47 1.57 77 08/22/05 100 4 10 42 1.57 78 08/22/05 100 4 44 77 08/22/05 11 1.57 100 4 12 48 1.57 71 08/29/05 78 100 4 13 40 1.57 08/22/05 100 4 14 66 1.57 72 08/22/05 59 100 4 15 30 1.15 08/29/05 100 4 44 1.57 77 08/29/05 16 70 71 100 4 17 1.57 08/22/05 72 100 4 18 72 1.57 08/22/05 100 4 2 49 1.57 77 08/22/05 4 77 100 4 54 1.57 08/22/05 100 4 5 67 71 08/22/05 1.57 100 4 6 1.57 72 08/22/05 161 7 100 24 0.00 08/22/05 4 16 100 4 8 78 1.80 84 08/22/05

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08/22/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			,						
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						-	Second Semester County Superin State Superinter	tendent
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	HOOL BUS TRAI	NSPORTATION:	
This clair	n is for the	e period beginning	s		,	20 and e	nding	,	20
				month	day		m	onth da	y
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District Lev	vel:
27 Linco	oln		0527	Eureka I	Elem			Elemen	ıtarv
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
62	13	1		93.8	1.57	77	08/17/05		
62	13	2		47.8	1.36	65	08/18/05		
62	13	3		64.6	1.57	72	08/18/05		
62	13	4		44.6	1.57	71	08/18/05		
62	13	5		83.2	1.57	72	08/18/05		
62	13	6		66	1.57	72	08/18/05		
62	13	7		104.5	1.36	65	08/18/05		
62	13	8		132.4	1.57	72	08/18/05		
62	13	8A		140.4	1.57	72	08/18/05		

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 27 Lincoln 0528 Lincoln County H S **High School** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 38 CO 1 93.8 1.57 77 08/17/05 2 38 CO 47.8 1.36 65 08/18/05 CO 3 64.6 72 08/18/05 38 1.57 4 CO 44.6 1.57 71 38 08/18/05 5 72 38 CO 83.2 1.57 08/18/05 38 CO 6 66 1.57 72 08/18/05 7 38 CO 104.5 1.36 65 08/18/05 38 8 132.4 1.57 72 08/18/05 CO 140.4 72 38 CO 8A 1.57 08/18/05

PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE	
DATES:	

		Helena	a, MT 59620-25	01		ochool bus i	ransportation	
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					•	Second Semester County Superin State Superinter	tendent
COMPL	ETE THIS (CLAIM FOR	STATE REIMI	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTATION:	
This clain	m is for the per	iod beginning _		,	20 and en	ding	,;	20
			month	day		m	onth da	y
CERTIF	ICATION:							
The info	rmation on this	form is complete	e and accurate to th	e best of my kno	owledge.			
Date		Si	gnature, Chair, Board	d of Trustees				
County:		D	istrict:				District Lev	vel:
27 Lince	oln	0.	529 Fortine l	Elem			Elemen	itary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	14	1	82	1.15	54	08/18/05		
	14	2	42	0.95	35	08/18/05		

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501							School Bus Transportation				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLE	ETE THIS	CLAIM FO	R STAT	E REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORT	ATION:		
This claim	ı is for the pei	riod beginning	,	onth	day,	20 and en	ndingm	onth	, 20 day	_•	
CERTIFI		6	1.41		1 4 6 1	1.1.					
	mation on this	form is comp			e best of my kn	owledge.					
Date			Signature,	Chair, Board	d of Trustees						
County: District:					District Level:						
27 Lincoln 0530 McCormick Elem								Elementary	,		
Porcentage	District	Route		Miles Por Dov	Rate Por Mile	Consoity	Inspection	Da		Bus Driver's	

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08/25/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

	— — Ticiciia, WT 33020-2301									
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning , 20					,	20 and e	nding		20	
month day month day							ny			
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County: Dis				District: District Level:					vel:	
				Trego El	em		Elementary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	53	4		54.2	1.15	59	08/18/05			
100	53	4A		54.2	1.57	71	None			
100	53	5		31.6	1.15	59	08/18/05			
100	53	5A		31.6	1.57	71	None			
100	53	7		44	1.36	66	08/18/05			
100	53	8		22	1.36	66	08/18/05			